1AP3 Rec'd PCT/PT9 1 0 FEB 2006



01263.107359

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
LJUBOMIR JOSIFOVSKI	: Examiner: Unassigned
	: Group Art Unit: Unassigned
Application No.: 10/564,632) :
Filed: January 13, 2006)
For: LATTICE MATCHING	:) February 10, 2006

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT AND INFORMATION DISCLOSURE STATEMENT

Sir:

Prior to examination on the merits, the Examiner is respectfully requested to amend the above-identified application as follows:

02/13/2006 SZEWDIE1 00000082 10564632

01_FC:1202 02-FC:1203

2350.00 OP-

Adjustment date: 02/14/2006 SZEWDIE1 02/13/2006 SZEWDIE1 00000082 10564632 01 FC:1202 -2350.00 OP

-360.00 OP



For \$

In re Application of:

LJUBOMIR JOSIFOVSKI

Application No.: 10/564,632

Filed: January 13, 2006

For: LATTICE MATCHING

Docket No.: 01263.107359

Examiner: Unassigned

Group Art Unit: Unassigned

Date: February 10, 2006

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

X An additional fee is required.

02/16/2006 ATRAN1 00000122 10564632

01 FC:1615

2350.00 OP

The fee has been calculated as shown below:

		CL	AIMS AS AMEN	DED	·	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	67	MINUS	20	47	x \$25 \$50	\$2,350.00
INDEP. CLAIMS	2	MINUS	3	= 0	x \$100 \$200	\$ 0
Fee for Multiple Dependent claims \$180°/\$360				\$ 360.00		
			TOTAL ADDITI			\$2,710.00

	Verified Statement claiming small entity status is enclosed, if not filed previously.
X	A check in the amount of \$_2,710.00 is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

X Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
 A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
 A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
 X Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

Scott D. Malpede

Attorney for Applicant Registration No. 32,533

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza
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Facsimile: (212) 218-2200

SDM\mm

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